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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875										Application or Docket Number 053 653		
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		RATE (5)	FEE (\$)		RATE (\$)	FEE (S)
BASIC FEE (37 CFR 1.18(a), (b), or (ci)					·							300
SEARCH FEE (37 CFR 1.16(N, (i), or (mi))												400
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))												200
TOTAL CLABAS (37 CFR 1.16(I))			1/	minus 2				х =		OR	X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =					х =			x =	
APP	LICATION SIZE		If the specification and drawings exceed 100 sheats of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))								L			L	
" If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	900
APPLICATION AS AMENDED - PART II												
(Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
MENT A	-111-12	REI	LAIMS MAINING IFTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.180))	٠	$\Pi$	Minus	20	- /		Χœ		OR	x #	
ENDM	Independent p7 CFR 1.15(N))	•		Minus	<b>"</b> 3	- /		х =		OR	x /-	
<b>AME</b>	Application Size Fee (37 CFR 1.16(s))								-L			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))									OR		
								TOTAL ADD'L FEE	(	OR	TOTAL ADO'L FEE	_
	<u>_</u>		umn 1)		(Column 2)	(Column 3)					,	
ENT B		REA	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ME	Total (27 CFR 1.15(7))	•		Minus	•			х =		OR	х =	
ENDM	Independent (37 CFR 1,15(N))	•		Minus	***	8	·	х =		OR	х - =	
AME	Application Size Fee (37 CFR 1.16(s))											
Ľ	PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  □ if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20",  □ if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.